

UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF FLORIDA
_____ DIVISION

Plaintiff,

-vs-

Case No.

Defendant.

ARBITRATOR'S CLAIM FOR COMPENSATION

Hearing Date:

Number of Days:

Arbitrator's Name:

Check processing information: **You must SELECT and COMPLETE ONE OF THE FOLLOWING AS PAYEE:**

Attorney Name: _____

OR

Firm Name: _____

Address: _____

Address: _____

Social Security Number: _____
(Reportable to IRS)

Fed. ID Number: _____
(Reportable to IRS)

Signature: _____

Signature: _____

Date Submitted: _____

Date Submitted: _____

Amount Due: \$

Approved by: _____
Alternate Dispute Resolution Clerk